

made, might never have arisen had he not been already suffering from the premonitory mental disturbance that so often occurs in hydrophobia.

THE letter of "Justitia," which appears in another column, gives further expression to the growing dissatisfaction with which the indiscriminate multiplication of hospitals is regarded both by medical practitioners and by the outside public. Though it is scarcely possible to say anything novel on the subject of hospital administration, our correspondent has, by a little plain speaking, hit the head of some of the acquired evils of medical charities which a silly prudery has too often and too long attempted to conceal. The profession is almost as much to blame as the public for the present state of hospital administration in the metropolis. A large section of the public seems to fancy it has discharged its obligations to the sick poor when it has subscribed a few guineas to the Hospital Sunday Fund, or to the funds of particular hospitals, while it leaves the actual labour of administering the charity to the unremunerated services of medical men. These medical men, however, as a rule, have seemed to court the burden by pretending, as "Justitia" suggests, a philanthropy which their actions repudiate, and by assuming a false indifference in things temporal. The members of the medical profession never begrudge help and advice in the cause of genuine charity, but they have allowed themselves by degrees to be victimised because they have lacked the courage or energy to refuse to give without question eleemosynary relief to everyone who may apply for it through a hospital. Nor have the lay managers of hospitals had the honesty or public-spiritedness to save their honorary medical and surgical officers from this flagrant imposition. Indeed, the lay administrators of hospitals are responsible in a very large degree for the extent to which medical charity is now abused. Knowing the value of statistics in exciting the public to give pecuniary aid, no trouble is spared to swell the number of patients that are alleged to have attended either as out-patients or been admitted as in-patients during the year. Precise inquiries into the status and position of the applicants for charitable medical relief might lead to a serious falling off in the numbers, and this would (it is supposed) damage the institution in the eyes of the public. It is notorious that hospitals are always cunningly made to appear deeply in debt, and "in urgent need of funds," and so in the annual reports the number of patients must be represented as increasing year by year. Better management and a stricter observance of the principles of true philanthropy would lead to an opposite result. The total number of patients would doubtless diminish in consequence of closer supervision, but the suitability of the cases would be ensured by a more ruthless elimination of unfit cases.

The subject of hospital abuse affects the social as well as the scientific interests of the medical profession; and it is clear that its members will have to undertake for themselves the consideration and correction of those abuses which degrade the name of charity, and are subversive of the just and reasonable rights of medical labour.

THE death is announced of the President of St. Thomas's Hospital, Sir John Musgrove, Bart., in his eighty-ninth year.

Annotations.

"Ne quid nimis."

THE VICTORIA CROSS

THE *London Gazette* announces that the Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross upon the undermentioned officer, whose claims have been submitted for her Majesty's approval for his conspicuous gallantry during the recent operations in South Africa (Basutoland). Surgeon-Major Edmund Baron Hartley, Cape Mounted Riflemen, for conspicuous gallantry displayed by him in attending the wounded under fire at the unsuccessful attack on Moirosi's Mountain, in Basutoland, on the 5th June, 1879, and for having proceeded into the open ground under a heavy fire, and carried in his arms, from an exposed position, Corporal A. Jones, of the Cape Mounted Riflemen, who was wounded. While conducting him to a place of safety the corporal was again wounded. The Surgeon-Major then returned under the severe fire of the enemy, in order to dress the wounds of other men of the storming party. It is not often that the medical profession is thus honoured. Dr. Hartley is a Devonshire man, and the eldest son of Dr. Hartley, of Warwick-square, S.W. After leaving St. George's Hospital in 1874, he proceeded to South Africa, with the idea of entering on private practice, but war soon broke out, and he was appointed Surgeon to the Cape Mounted Rifles. Subsequently he was made Principal Medical Officer of the Colonial Forces.

THE SOCIAL SCIENCE CONGRESS.

FROM the short summary of the part of the proceedings of the recent session of the Social Science Congress more particularly interesting to the medical profession, which we commenced in our last week's issue and complete in this, it is evident that most of the social questions specially touching the profession came under review at Dublin. Dr. Cameron, as President of the Health Section, utilised his position to give an account of the marvellous increase in our knowledge of the infective diseases obtained since the part that minute organisms play in them was enunciated. The striking results of Pasteur's experiments, which he recently described in London, were of course detailed. The management of hospitals and their proposed supervision by the State was another important question raised. The treatment of the habitual drunkard, and habitual drunkenness itself as a disease, were discussed. Other papers dealt with the best modes of getting early information of the existence of an infectious disease in any sanitary area; the plans suggested by the writers of the papers throwing a part or the whole of this responsibility upon the medical attendant. This matter will probably shortly be legislated upon, but the proposal to make every practitioner a sanitary informer is diametrically opposed to the confidential relations that ought to exist between doctor and patient. The information is for the well-being of the community, and the individual members of the community are those on whom the responsibility of affording it naturally rests. The overcrowding of the dwelling-houses of the poorer classes, and the best means of providing them with proper house accommodation, are matters of deep interest, and their practical importance was shown by the report of the Royal Commissioners appointed to consider the high death-rate in Dublin, which attributes the great mortality to the wretched housing of the humbler classes. Dr. Cameron also raised again the question of animal vaccination, of which he is so earnest an advocate, and repeated his statistics and explanations of them

bearing upon the diminished protection from small-pox afforded by vaccination with humanised lymph. Whatever the captious may say of the work done by the Social Science Congress, it is a matter of congratulation that, by any means whatsoever, an opportunity is afforded year by year of discussing the above and kindred sanitary questions in the large towns of the empire. That Sanitary Social Science should be enabled to lift its head and declare itself even once a year in this public manner, is a gain that we cannot afford to despise, and although the practical outcome may for the time be small, we may be assured that this labour to scatter scientific truth cannot prove altogether in vain.

INTUSSUSCEPTION.

TWO theories have been framed to account for the occurrence of invagination of the intestine, one referring it to local paralysis, the other to local spasm. The former, according to which the occurrence is due to loss of contractile power in a portion of the intestine, has been largely held since the time of Peyer, who in 1677 put forward the hypothesis, and has been considered to harmonise best with the causes of intussusception internal and external, so far as they can be ascertained. The effect of traumatic causes, as a blow on the abdomen, and of such influences as long-continued diarrhoea and cholera, has been regarded as a local loss of power, by which a section of the intestine was reduced to the condition of a foreign body on which the active part of the bowel contracted. This theory, however, as Leubuscher of Berlin has lately pointed out, will not explain all the etiological conditions, and especially the frequency of the accident in childhood, and its frequent commencement at the ileo-cæcal valve—facts which are better explained by the hypothesis that spasm rather than paralysis is the effective cause, whilst the process at the ileo-cæcal valve has been compared by Leichtenstern to the prolapsus of the rectum from the straining in tenesmus. It has been suggested that an arrest of movement by local tetanic spasm would equally reduce the intestine to a state in which it might readily be included by peristaltic contractions from above, and that this state of spasm may also be produced by the conditions to which intussusception is remotely due. Hitherto the question has remained in the region of hypothetical discussion. Leubuscher, however, at the suggestion of Nothnagel, has lately endeavoured to ascertain what light experiment can throw on the problem. The first point to be decided was how far intussusception could be produced by the agency of local paralysis. This was induced in rabbits either by compression of a part of the intestine or by division of nerve branches in the mesentery. Nineteen experiments were performed. In twelve, part of the intestine was compressed, in the remainder the nerves were divided. Of the former cases in only one did invagination result; the compressed part of the intestine was entirely enclosed in part of the intestine immediately above it. In the other cases, intussusception was found twice, but only to the extent of half a centimetre; and in another case there was an invagination at another part of the intestine. In these cases the lower extremity of the uninjured part had passed within the upper portion of the paralysed section. The direction of the invagination in the first case was remarkable. The descending form is almost invariable in man, and an ascending form is believed to be incompatible with an inflammatory invagination. The probable conclusion is that the condition was merely an example of the form of invagination which so often occurs during the act of death, especially since in no other case was compression effective in causing invagination. The two positive results obtained by division of the nerves were too slight to be of much significance. An attempt, in one case, to obtain invagination by electrical

stimulation of the nerves was also without result. It was in this case that an intussusception was observed to occur in a distant part of the bowel, the intestines being at the time outside the abdomen. For this invagination no local cause could be discovered; it seemed to be purely the result of the vigorous peristaltic action which may thus alone be effective. On the other hand, the experiments afford little support to the view that the lesion results from local intestinal paralysis.

SPEAKING EVIL OF DIGNITIES AND DIGNITARIES.

WE should be the very last to advocate, or tolerate, any attempt to impose needless restrictions on liberty of speech. It is well that the discussion of political questions should be absolutely free. Much of the immunity we enjoy in this country from disturbance of the public peace arising out of differences of political opinion is, doubtless, directly due to the liberty with which all classes of speakers and writers are blest. It cannot, however, be forgotten that abuse is not argument. Very much of the foul and most insulting things which have been publicly said about Mr. Gladstone of late pass all the bounds of decency. It was indecent to utter them, and it is barely decent to allow them to be said. In common with the majority of our fellow-subjects, we are ashamed that any Prime Minister should be so maltreated, even in words, by the people of the United Kingdom, to whichever of the three subdivisions they may belong; but there are distinctly medical grounds on which we feel called upon to take serious exception to the tolerance of threats which, whether they have any intentional meaning or are mere idle words, cannot fail to prepare the way to deeds. It is a scientific fact that every thought, and in a still greater degree every spoken or written word, creates a physico-mental base for action corresponding to the sentiment conceived or expressed. No man or woman can contemplate or purpose “massacre” without being more or less likely to commit the offence threatened. It is mischievous even to talk such things; and a propaganda of personal animosity, illustrated by specific threats, is not to be viewed with complacency. The ghostly counsellors of those who indulge in this most vicious mode of propagating political opinion and fomenting the agitation which—sometimes—leads to reform, would be acting in a manner befitting their cloth and mission if they were to advise a certain measure of restraint. Priests, who profess to have some knowledge of what they are pleased to call “the workings of the human heart,” should know that he who thinks evil does evil, and the way to destroy wickedness is to nip it in the bud.

“THE MEDICAL DIGEST.”

WE would call the attention of our readers to an advertisement relative to a second edition of Dr. Neale's “Medical Digest,” which it is intended to bring out next year. We have, on several occasions, endeavoured to obtain for Dr. Neale the active support of our readers. The labour of preparing such a work as his is enormous, and the cost of publication will necessarily be very great. The ensuing edition will contain 20,000 additional references to important medical and scientific facts published in the various medical periodicals during the last five years—that is, since the publication of the first edition. Altogether the second edition of the “Medical Digest” will contain nearly 100,000 references. THE LANCET is fully represented since the year 1840, so that the “Digest” will, practically, be found an index to this journal for forty-one years. Other English medical periodicals are also included. The advantages of such a work to the student, and to the busy practitioner, are sufficiently obvious, and we would urge upon all our readers to lose no time in applying for a copy, since it is announced only as many copies will be printed as may be asked for. The work will be issued about June, 1882.

THE CHEMISTRY OF BLOOD PIGMENT.

It has been found by Baumann and Herter that hæmoglobinuria may be produced in rabbits and dogs by the administration of a substance intermediate between aniline and nitrobenzol, to which the name of azobenzol has been given. A single dose produces a transient attack, and repeated doses cause an obvious alteration in the blood, which becomes brown and thick, coagulating quickly, and showing in the red of the spectrum the lines of methæmoglobin beside those of oxyhæmoglobin. Saarbach believes that the poisonous effect of azobenzol is due in part at least to its conversion in the organism into nitrobenzol, since the latter causes the same changes in the blood, and he has succeeded in producing nitrobenzol by the passage of ozone through melted azobenzol. The clear urine which is passed after the ingestion of small doses of azobenzol quickly becomes darker, and a small quantity of a phenol-like body can be obtained from it. Marchand has shown that the action of chlorate of potash on the blood is to produce methæmoglobin, and an excessive quantity, at ordinary temperatures, transforms the blood into a greyish-green mass of delicate, jelly-like aspect, and a colourless albuminous fluid. The addition of alkalis causes no alteration in this, but sulphide of ammonium produces, in a few seconds, a deep green colour, giving, in the spectroscopic, two special bands. He has not succeeded in isolating this colouring matter by either ether, chloroform, bisulphate of carbon, or amyl alcohol. The colour quickly disappears on standing or warming, but can be reproduced by the addition of more sulphide of ammonium, although with a slight alteration of the bands in the spectrum. Assuming that the green colouring matter results from the decomposition of hæmatin, he attempted to obtain it by the action of chlorate of potash upon pure hæmatin, but without success. More definite facts, however, have been ascertained regarding the decomposition of hæmatin by two other substances, nitrate of potash and amyl nitrite. The addition of the former to an alkaline watery solution of hæmatin causes no change in the spectrum, but sulphide of ammonium then causes the appearance of two absorption bands. The same spectrum is produced, in a still more striking manner, by the reduction of a solution of hæmatin, to which amyl nitrite has been added, by the aid of nitrous oxide.

UNQUALIFIED PRACTICE AND CHEAP MEDICINE.

It is gratifying to observe that, *pari passu* with efforts to improve the relations between the medical profession and the working classes, there is brought into prominence the large extent to which the working classes are attended by unqualified persons. Recently a case was brought under our notice where several so-called Provident Dispensaries were managed chiefly by four unqualified persons, who received weekly wages less than those of an ordinary mechanic, though evidently paid as much as their medical services could be worth. The dispensaries were professedly under the care of a qualified practitioner. Really he bestowed but little attention on them, and left the deluded patients to the care of the four unqualified assistants. We are far from saying that this is the case with all arrangements for getting medical attendance on cheap and low terms; but it is so extensively the case as to justify the working classes in suspecting the soundness of any dispensaries where medical advice and medicines are offered on terms on which no ordinary mechanical labour can be procured, and to justify the formation of Medical Defence Associations in urging the investigation of cases of neglect and bad practice which crop up often in such circumstances, and which occur

oftener than they crop up. We should advise that these associations should not be too much multiplied. It is better to make a few strong and effective than to have too many. But even with the formation of one recently at Hyde-park, as Mr. George Brown, of the Medical Defence Association, admits, there are not yet too many. As soon as the Royal Commission resumes its work, one of the chief duties of these Associations will be to submit well-selected instances of unqualified practice. It is quite clear that the State will not question the right of persons to consult anybody they please; but it is equally clear that the State should take precautions to see that the public and the poor are not misled by false pretences as to the qualification of persons whom they consult.

THE VICEROY OF INDIA'S PERSONAL STAFF.

HIS Excellency the Viceroy and Governor-General of India has been pleased to make the following appointments to his Excellency's personal staff. To be Honorary Surgeons: Surgeon-General W. R. Cornish, C.I.E., Indian Medical Service, Madras Establishment; Deputy Surgeon-General (local Surgeon-General) A. J. Payne, M.D., Indian Medical Service, Bengal Establishment; Deputy Surgeon-General W. J. Moore, Indian Medical Service, Bombay Establishment; Brigade-Surgeon J. A. Marston, M.D., Army Medical Department; Surgeon-Major G. Farrel, Indian Medical Service, Bengal; Surgeon-Major T. E. Charles, Indian Medical Service, Bengal; Surgeon-Major R. W. Cunningham, Indian Medical Service, Bengal; Surgeon-Major C. A. Atkins, Army Medical Department; Surgeon-Major E. A. H. Roe, Army Medical Department.—To be Honorary Assistant-Surgeons: Assist.-Surg. Dinobhundo Dutt, Bengal; Assist.-Surg. S. P. Johns, North-West Provinces; Assist.-Surg. Mookand Lall, North-West Provinces; Assist.-Surg. Chetan Shah, Khan Bahadur, Punjab; Assist.-Surg. Jadub Kishun Ghose, Central Provinces; Assist.-Surg. Madras Tyasawmy Pillai, Madras; Assist.-Surg. Ananta Chandroba, Bombay; Assist.-Surg. Sakharam Arjun, Bombay.

THE MOVEMENTS OF THE BRAIN.

IN the Transactions of a Berne Society, G. Burckhardt has described a series of investigations into the movements of the brain, which he has made on four cases with a defect in the skull. The curves obtained show three forms of movement—pulsatile, respiratory, and vascular. The cerebral pulsation has the form of a tricrotous or tetracrotous pulse, the phases succeeding one another in about the same time as those of the carotid pulse. Does, however, the brain of the adult, under normal conditions, present the same pulsations as are obtained when there is a morbid defect in the skull, or when, in the infant, the bones are not yet closed up? He comes to the conclusion that it does, and that the whole brain expands when its vessels dilate, and its expansion occurs in the direction of the vascular ramifications. The resistance is in inverse proportion to this expansion. At a given moment all branches at an equal distance from the circle of Willis are in a similar phase of pulsation. In the closed skull the excess pressure in the arteries is believed to aid considerably the forward movement of the blood in the veins, and also that of the sero-lymphatic fluid. In the open skull the curve rises during expiration and falls during inspiration. All actions which increase the respiratory movements augment the height of the curve. A secondary elevation follows strong inspiratory movement, but the pulse waves are never completely obliterated. The vascular curves do not depend on the number of respirations or pulsations. The height of the curves bears no constant relation to their length. They are notably influenced by psychical influences. They depend on move-

ments of the vessels by means of the vaso-motor nerves, and may be rendered very conspicuous by irritation of the cervical sympathetic. All these movements influence the movements of the lymph, which is hence the most regular and constant during sleep, and thus remove most readily effete products. Burckhardt is inclined to explain sleep by this agency as the result of the defective removal of the products of action during the waking state.

HOMŒOPATHY AND THE BRITISH MEDICAL ASSOCIATION.

AT the Committee of Council of the British Medical Association, held on Wednesday last, we understand that a letter was read from the President of one of the branches of the Association, stating that a homœopathic practitioner in his neighbourhood had been admitted a member of the Association, and that unless his name was removed from the list of members, he, the writer, would feel compelled to resign his membership. An earnest discussion ensued, in which the opinion was generally expressed that it was distinctly contrary to the laws of the Association to admit homœopaths as members, and opposed to the opinion and wishes of the Committee of Council. As, however, the expulsion of any of the members on account of homœopathic practice would give those individuals both notoriety and a quasi-grievance, it was considered best not to adopt the step suggested by the writer of the letter. A resolution expressing these opinions, moved by Dr. Husband, was carried; an amendment, moved by Mr. C. Macnamara, to erase the said individual's name receiving only very small support. We think that the decision of the Committee of Council was wise; at the same time it is evidently necessary that the secretaries of the various branches should take great care that the law of the Association bearing upon this point be not infringed. We are informed that the views on the subject of consultation with homœopaths propounded by Dr. Bristowe and Mr. Hutchinson in their recent addresses at Ryde were not in any way discussed at this meeting. The Committee of Council cannot be said to be precipitous in its haste to disavow them in the name of the Association.

"A SORT OF MAGNIFIED NURSE."

WHAT would *The Graphic* say if we described a literary man as a sort of magnified printer? Nevertheless, this is how our contemporary describes the medical practitioner: "After all, a doctor is only a sort of magnified nurse." The printer, or rather the compositor in a printing-office, picks out the type and so puts it together as to carry out the intention of the literary man who conceives ideas and expresses them in words. In the same way the nurse—when she is capable—applies the plan of treatment recommended by the doctor. If the doctor is only "a sort of magnified nurse," the literary editor of *The Graphic* is only a sort of magnified printer. The reasoning is, of course, on the face of it absurd, and we venture to think no one has a keener perception of that fact than our contemporary, albeit he does not scruple to make use of an egregious fallacy as the handle to a sentence in which he desires to urge that women doctors are as good as men doctors, because "everybody prefers a feminine rather than a masculine nurse, and, after all, a doctor is only a sort of magnified nurse." If the advocates of female practitioners in medicine have nothing better to urge in support of the innovation they are anxious to introduce, we venture to think the community will continue to "prefer" the old way "rather than" the new. There used to be a respect for truth and an abhorrence of fallacies of every sort so strong that even the barrister who had won his cause by

bad—or badly applied—law felt almost more chagrin than satisfaction. This high and admirable instinct of honesty has well-nigh died out of memory. If only a point can be gained in controversy by the *argumentum ad captandum*, or the *petitio principii*, the ratiocinator is content. On this assumption alone is it possible to account for the admission of a sophistry so absurd as that we have cited into the editorial columns of a contemporary which has certainly not the excuse of hasty writing or incompetent supervision to plead in its own behalf.

CHOLERA IN INDIA.

THE papers by the last mail report cholera to be still prevalent in the North-West Provinces, the Punjab, and other parts of Northern India. At Umballa and Jullunder the natives have suffered severely. At the latter city a panic took place amongst the inhabitants, numbers flying from their homes to avoid the pestilence; since Sept. 10th, however, the epidemic at Jullunder appears, happily, to have been subsiding. It is stated that although the mortality in the native city has been very high, only two deaths, both natives, occurred in the adjacent cantonment, scarcely four miles distant. Cases of cholera have also occurred at Thobba camp, Murree, Rawul Pindee, and Peshawur, confined hitherto almost entirely to the native population. At Kamptee, the 2nd Battalion Somersetshire Regiment has experienced a sudden and somewhat sharp attack of cholera, a dozen cases having proved fatal amongst the soldiers, with several deaths of women and children also. According to the *Pioneer*, the total number of deaths in June, July, and August, in Lahore and Meean Meer, amounted to nearly seventy Europeans and twelve hundred natives.

FACILITIES FOR EDUCATION IN DENTISTRY AT LEEDS.

IN a subdued sort of way we cannot but approve the movement which is in progress in the provinces, and notably in Leeds, to provide for the teaching of dentistry. Our satisfaction would be complete if we could add that the facilities to be created will be available only for the instruction of students who have entered for the full medical curriculum. It may be *expedient* to teach dentistry to men who are about to qualify for practice as tooth-drawers and manufacturers, but it would be better to help members of the medical profession *only*, to acquire a sufficient knowledge of that branch of surgery which relates to the teeth. We cannot swerve in the least degree from the line we have laid down, and to which we have consistently adhered in relation to this specialty, and that line may be indicated in a single sentence, that practitioners of "dental surgery" should be *surgeons* first and dentists afterwards. The profession will act wisely and evince its self-respect by supporting only men who are thus qualified.

DRAINAGE OF THE PERICARDIUM.

A CASE, probably unique in the annals of paracentesis, has been recorded by Rosenstein of Leyden. A child, aged ten years, suffering from pericardial effusion, presented such a degree of interference with circulation and respiration, that an aspirator needle was passed into the fourth intercostal space near the sternum, and 620 cubic centimetres of liquid were withdrawn. Left-sided pleural effusion soon followed, and 1100 cubic centimetres of liquid were evacuated. The cardiac symptoms increased, and necessitated a second puncture of the pericardium; 120 cubic centimetres of purulent liquid were withdrawn. A relapse occurring, a larger opening was made (an inch and a half long) in the fourth intercostal space. The soft parts were divided layer by layer under strict antiseptic precautions. When the

pericardial cavity was reached a large quantity of pus escaped. Two drainage-tubes were inserted. The operation was followed by an immediate return of the circulation and respiration to normal conditions. An incision into the pleura, however, also became necessary. At the end of four months of treatment the patient left the hospital in good condition. There was no pyrexia or œdema of the skin in the præcordial region to indicate the purulent nature of the effusion.

SOLDIERS' BURDENS.

DURING the Crimean War, when from over-fatigue, exposure, want of food, unsuitable clothing, &c., our soldiers were dying off like rotten sheep, *Punch* brought out a caricature of a soldier carrying a *chest of drawers* on his shoulders as representing the *impedimenta* wearing down the troops when on march or on any duty. Our army at that time might have been looked on as a toy army commanded by tailors instead of practical men with a knowledge of generalship. Things have somewhat altered for the better since then, but some changes are still necessary, as on a march every needless pound's weight tells against the soldier's efficiency and activity, increases his fatigue, and heavily handicaps him when activity is essential both for his own safety and the success of any operation he is engaged in. An interesting return of the weight carried by the infantry soldiers in several of the larger European armies has just been published by order of the Russian Minister of War. From this return it appears that the Russian infantry soldier is the most heavily weighted of all, for he carries a load averaging 70½ lb. in weight. Next to him comes the Frenchman, with 66 lb.; then the English and Italian soldiers, with 61½ lb. The Austrian carries 57 lb., the Swiss 48½ lb., and the German 47½ lb.

POISONING BY SULPHIDE OF ARSENIC.

IN the north of France a woman, aged forty-one, had, nearly a year ago, a cancer removed from her right breast. The disease reappeared nine months later in the corresponding axillary glands. She placed herself in the hands of a quack, who made three incisions, and placed at the bottom of each three fragments of a yellowish substance. The operation was repeated five times, at various intervals, each time causing more or less extensive sloughs. General symptoms gradually came on; vomiting, giddiness, diarrhœa, and these increased after each application. Finally, the extremities became cold, and the patient died with symptoms of asphyxia. A post-mortem examination revealed all the well-known signs of arsenical poisoning, the presence of which was demonstrated in various parts of the body. At the bottom of the wound in the axilla fragments of sulphide of arsenic were found. The quack maintained that the powder was of purely vegetable origin. He was convicted and sentenced to *ten days' imprisonment!*

THE PORK-PIE TRADE.

AT their best pork-pies are not the most digestible articles of food; but when these confections are prepared with pork in a state of putrescence, the result is abominably nasty, and exceedingly likely to prove poisonous. It is therefore with great satisfaction we hear of at least one recent magisterial judgment by which a heavy penalty has been inflicted upon conviction of the offence of using putrid pork in pie-making. If the public knew, or only suspected, the filthy way in which much of the food sold for their delectation is prepared, the trade in eatables which are so compounded as to be unrecognisable would be very limited. A meat pie *may* be made of anything. It is not enough to say that if it tastes

fairly well the question of its manufacture may be left in obscurity. It is quite possible so to spice and pepper a pie that its component parts may be placed beyond the reach of detection. And yet the unsuspected pie may do infinite harm. When once putrefaction has commenced in flesh, it will proceed unless very thoroughly cooked, which seldom happens to the meat in a pie; and if a small morsel of putrefying meat be introduced into the stomach, and digestion be from any cause delayed, so far as that particular morsel is concerned, it cannot fail to set up most mischievous changes in all the dead organised matter with which it is in contact. A very rigid supervision of animal food in all its forms is essential to public health, and no department of trade requires to be more closely scrutinised than that which comprises the preparation and sale of meat in manufactured forms and commodities.

THE LABOUR OF CONVALESCENTS IN WORKHOUSES.

MR. SLY, a member of the St. George's-in-the-East Board of Guardians, deserves credit for the humanity which has prompted him to raise the question of sending paupers straight from the infirmary to the worksheds without the allowance of an interval of light labour for convalescents. A judicious proposal to request the medical officer of the infirmary to report the cases which, in his judgment, required special treatment, was negated by six to four votes. This is most regrettable. The scheme was a good one, and would have been found economical in the long run, because, as Mr. Sly explained, if a recently sick pauper is too soon required to work, he falls ill again, and has to be sent back to the infirmary. Even therefore disregarding the interests of human life, as participated by paupers, considerations of parsimony point to the economy of making recovery complete before the risk of an expensive relapse is run. If only guardians of the poor could be brought to see matters of pauper management in a true financial light, they would be more careful of health. Sickness is one of the most prolific sources of increase to the burden on the poor-rates, and to cure the ills which even pauper flesh is heir to quickly and thoroughly is *cheap*, and not less creditable to the economic sagacity of a Board of Guardians than to that impulse of humanity of which parish and union authorities would seem to be unconscious or ashamed.

NECROPSY BEFORE CREMATION.

A GENTLEMAN of Milan, Signor Lorin, deserves high credit, not merely for the public spirit of philanthropy, but for the rare good sense, he has shown in offering 20,000 francs to the municipal authorities to maintain a mortuary and post-mortem room wherein the bodies of all persons dying of unexplained causes shall be rigidly examined before they are cremated. This is indispensable if special facilities for poisoners and other murderers by secret processes are not to be created by the recourse to cremation. Nothing will be easier than to compass the death of an enemy by poison if his body is sure of being promptly cremated. The fire will purge the guilt of the wrongdoer by leaving no evidence against him outside his own evil conscience, which can scarcely become his public accuser. When and where cremation becomes the custom of the community, unless a rigid post-mortem examination, with instant and complete chemical analysis, is enforced before cremation, the crime of murder by poisoning and other secret methods must be expected to flourish. This is why we oppose "cremation," although we fully recognise the advantage of destroying organic remains by burning. The risk to *life* incurred is too great to compensate for the benefit to *health* likely to be gained.

THE Education Committee of the Town Council of Aberdeen recommend that in the Faculty of Medicine of the University the competition for the Council's bursaries be restricted to those students who have passed all the subjects imperative for registration in Medicine, and take place this year on the first Saturday of November. The subjects of competition will be: (a) Physics—viz., Heat, Light, and Electricity; (b) Natural History; and (c) Botany or Inorganic Chemistry.

THE Eleventh Biennial Festival Dinner of the London Hospital Medical College was held at the "Criterion" on Monday, October 3rd, Dr. Robert Barnes in the chair. The Senior Physician and Surgeon, Dr. Andrew Clark, and Mr. Hutchinson, with many more of the staff, met a goodly number of the old students of the hospital, and a very pleasant evening was spent.

AT the first meeting of the Pathological Society, on Oct. 18th, Dr. Stephen Mackenzie will show a patient suffering from hæmato-chyluria, and, prior to the meeting, will demonstrate the presence of the *filaria sanguinis hominis* in the freshly drawn blood, the first time the living hæmatozoon has been shown at any Society in England.

It may save unnecessary trouble and disappointment if we call attention to the alteration in the address of the Office of the General Medical Council, from 315 to 299, Oxford-street; a change resulting from the recent renumbering of that thoroughfare.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

DRAINAGE OF THE LOWER THAMES VALLEY.

AT a meeting held to consider a suggestion made by the Local Government Board to the effect that it might be desirable to seek for an arrangement which would admit of the discharge of the sewage of the district into the West Kent system, the Lower Thames Valley Sewerage Board passed the following resolution: "That the West Kent scheme not being at present an assured success, and this Board, having no knowledge of, and being incapable of foreseeing, the possible and probable results that may accrue from the construction thereof, are of opinion that it is not desirable to further consider the matter, having no guarantee that such a combination will prove either economical, efficient, or final." It was stated by the chairman that the time was very shortly coming when they would have sat there four years, and the only result they had to show for it was an unfortunate expenditure of a very large sum of money, which had absolutely resulted in nothing.

At a meeting convened last week at the Town Hall, Chertsey, for the purpose of considering the scheme for the drainage of the district now before the Sanitary Authority, the following resolution was unanimously adopted: "That the extension of the water-closet system involved difficulties of the gravest character. It implied the necessity for a largely increased water-supply and a corresponding increase of water-rate, and finally it implied an enormous increase in the volume to be dealt with at the outfall, the purification of which is even now quite out of the range of existing experience, and which the Committee are most anxious to lessen rather than increase."

A formal action brought by Dr. Simpson against the Dover Board of Guardians for the recovery of £38 18s., the amount of fees for 137 cases of vaccination performed by him in a period of fourteen months, during which he acted as medical officer to the workhouse, has been decided in favour of the plaintiff. The objection raised by the guardians was not, it would seem, against the validity of the claim itself, but was based on the fact that the appointment of Dr. Simp-

son to the workhouse had not been confirmed by the Local Government Board.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

The low temperature of last week caused an increase upon the low rate of mortality that has recently prevailed in our large towns. During the week ending last Saturday 5036 births and 2739 deaths were registered in twenty of the largest English towns. The annual death-rate in these towns, which had been equal to 18·2 and 17·9 in the two preceding weeks, rose last week to 18·8. The lowest rates in these towns last week were 12·4 in Bristol, 13·0 in Norwich, 16·3 in Oldham, and 16·4 in Brighton; the rates in the other towns ranged upwards to 21·9 in Manchester, 21·9 in Hull, 22·9 in Liverpool, and 24·7 in Newcastle-upon-Tyne. The deaths referred to the principal zymotic diseases in the twenty towns were 451, and within 3 of the number in the previous week; they included 136 from scarlet fever, 108 from diarrhoea, 68 from "fever" (principally enteric), 49 from whooping-cough, 47 from measles, 28 from diphtheria, and 15 from small-pox. No deaths from any of these diseases were recorded in Plymouth, whereas they caused a death-rate ranging upwards in the other towns to 5·2 in Liverpool and 9·8 in Hull. The largest proportional fatality from scarlet fever occurred in Hull, Nottingham, Brighton, and Leicester; this disease caused 28 more deaths in Hull, raising the number of fatal cases in this town since the beginning of July to 253. Of the 28 deaths from diphtheria in the twenty towns 12 occurred in London, 8 in Portsmouth, and 3 in Birmingham. The highest death-rate from "fever" was recorded in Leeds and Newcastle-upon-Tyne. Small-pox caused 15 more deaths in London and its suburban districts, one in Salford, and one in Oldham. The number of small-pox patients in the metropolitan asylum hospitals, which had declined from 582 to 454 in the three preceding weeks, further fell to 422 at the end of last week, which included 138 in the *Atlas* hospital ship, and 22 in the Convalescent Camp Hospital at Darent. The new cases of small-pox admitted to these hospitals, which had been 84 and 70 in the two preceding weeks, further fell to 57 last week. The deaths referred to the diseases of the respiratory organs in London, which had steadily increased in the five preceding weeks from 115 to 186, further rose to 227 last week, but were 13 below the corrected average weekly number. The causes of 58, or 2·1 per cent., of the deaths in the twenty towns last week were not certified either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths, which did not exceed 1·5 per cent. in London, averaged 2·8 per cent. in the nineteen provincial towns. All the causes of death were duly certified in Brighton, Portsmouth, Norwich, Plymouth, and Nottingham; whereas the proportions of uncertified deaths were largest in Salford, Leicester, and Bristol.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in eight of the largest Scotch towns, which had been equal to 18·2 and 17·4 in the two preceding weeks, rose to 18·8 last week, and corresponded with the average rate that prevailed in the twenty large English towns. The deaths referred to the principal zymotic diseases, which had been 79 and 86 in the two previous weeks, declined to 71 last week; 24 resulted from diarrhoea, 12 from diphtheria, 11 from "fever," 11 from scarlet fever, 8 from whooping-cough, 5 from measles, and not one from small-pox. The annual death-rate from these zymotic diseases averaged 3·1 per 1000 in the eight towns, and also corresponded with the average rate from the same diseases in the twenty English towns. The deaths referred to acute diseases of the lungs (bronchitis, pneumonia, and pleurisy), which had been 78 and 83 in the two previous weeks, further rose to 96 last week, and were equal to an annual rate of 4·1 per 1000, against 2·7, the rate prevailing from the same causes in London.

HEALTH OF DUBLIN.

The annual death-rate in Dublin, which had been equal to 22·3 and 17·8 in the two preceding weeks, rose again to 18·7 last week. During the thirteen weeks of last quarter the death-rate in the city averaged 20·0, against 20·5 in London and 17·0 in Edinburgh. The 125 deaths in the city